



Commonwealth of Massachusetts

The Building Official Certification Committee

New Employee Report Form

s/bbrs/nureport2012

In accordance with 780 CMR R7, the "Rules and Regulations for the Certification of Inspectors of Buildings, Building Commissioners and Local Inspectors", all municipalities are required to report to the Board the name of any individual who is appointed as a building code enforcement official. Once reported, a file is created at the Office of the Board with the individual's name and date of hire. This file serves as the individual's official record for the maintenance of his/her certification, once received.

It is the responsibility of the individual seeking certification and the hiring municipality to ensure that all aspects of the certification process are met. 780 CMR R7 defines all requirements of the certification program.

Name of new employee				
Name of municipality		Date of current Appointment		
Work Address: No. & Street				
City or Town		Zip	Business Phone Number	
E Mail			Business Fax Number	
Position - <u>Please Circle one</u>: Local Inspector or Inspector of Buildings, Building Commissioner - must have Local Certification, at the minimum				
Is the new employee certified as a building official?	Yes	No*	Has the new employee been employed as a building official in other municipalities?	Municipalities new employee is still employed with:
The appointing authority is the Mayor in a city and the Chairman of the Board of Selectmen in a town (see MGL c 143 § 3). <i>If the Mayor or Chairman of the Board does not sign this form a copy of the vote of appointment must be provided.</i>				
I _____, the Appointing Authority, hereby confirm that I have read and understand the minimum requirements of MGL c 143 § 3 regarding qualifications for building code enforcement officials. In signing this form, I attest to the fact that the candidate herein identified meets/exceeds such qualifications for the position for which he/she is being appointed.				
Signature of Appointing Authority _____ Date _____				
Please print Name _____ Title _____				
Notary Public _____ Date _____				
Expiration of Commission _____ Seal _____				
TO BE COMPLETED BY NEW EMPLOYEE ~ <u>CONDITIONAL INSPECTOR NOT CERTIFIED</u>				
MA-RMV photo release signature: _____ Date of Birth: ____/____/____ SS#: ____ - ____ - ____ or CSL# _____				
AUTHORIZATION FOR RELEASE OF RMV INFORMATION: My signature above, or a photocopy thereof, authorizes the Department of Public Safety to electronically access my photograph from the Massachusetts Registry of Motor Vehicles database for use on this application.				
Individuals who do not hold a Massachusetts drivers license please submit a color Passport Photo 2 x 2 inches in size taken within the past 6 months showing current appearance.				
<u>FOR OFFICE USE ONLY</u>				
Date Qualifications Accepted: _____ Date Qualifications Denied and Reason: _____				

MAIL TO:

Board of Building Regulations and Standards Attn: Kimberly Spencer One Ashburton Place – Room 1301 Boston, MA 02108